MENTAL HEALTH RIDER BENEFIT SUMMARY

COVERED BENEFITS	TRADITIONAL ACCESS (FFS)	PREMIER ACCESS (PPO)		PREFERRED ACCESS (PPO)
	Participating and Non- participating providers	In-Network Providers	Out-of-Network Providers	In-network and Out-of- network providers
Mental Health-Inpatient	20% Co-insurance amount*	20% Co-insurance amount*	40% Co-insurance amount*	50% Co-insurance amount*
Mental Health-Outpatient	20% Co-insurance amount*	20% Co-insurance amount*	40% Co-insurance amount*	50% Co-insurance amount*
Substance Abuse-Inpatient	20% Co-insurance amount*	20% Co-insurance amount*	40% Co-insurance amount*	50% Co-insurance amount*
Substance Abuse-Outpatient	20% Co-insurance amount*	20% Co-insurance amount*	40% Co-insurance amount*	50% Co-insurance amount*

^{*}Deductible Applies